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SOUTHAMPTON COVID PARTICIPATORY ACTION RESEARCH AND CHAMPIONS INITIATIVE EVALUATION (CoPACT)

A realist evaluation and costing analysis of community champion and participatory action approaches during the COVID-19 pandemic

Briefing Report - July 2023

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THE PROGRAMMES EVALUATED

This evaluation covers three programmes that were adopted in Southampton as part of efforts to tackle COVID-19:

COVID-19 Champions   **Vaccine Champions**   **Community Participatory Action Research (CPAR)**

COVID-19 Champions

The COVID-19 Champions initiative began in September 2020 and involved volunteers signing up to act as a link into their communities for accurate and up-to-date local information about the pandemic, and how people could protect themselves and those around them. It was also intended to be a way in which the local authority (LA) could get feedback from communities on the specific challenges they were facing, so that the LA could form a better response to local need. Anyone who wanted to volunteer was able to without targeting specific groups or communities for their involvement. In 2023 the COVID-19 champions project evolved into a broader health and wellbeing champion model.

Vaccine Champions

The Vaccine Champion programme began in February 2022. The purpose was to increase COVID-19 vaccination rates, particularly amongst communities and groups where vaccination uptake had been lower. The approach was proactive, with deliberate efforts to engage communities through organisations linked to communities with large numbers of unvaccinated people. This entailed a two-tier champion approach with a group of champion organisations grant funded for their time in order to reach and engage community members, with a second tier of unfunded businesses and organisations helping to distribute leaflets. Funding for the Vaccine Champions work ran until March 2023.

Community Participatory Action Research (CPAR)

The CPAR programme was funded from February 2022 to June 2022. It involved commissioning of a national community research and social innovation organisation (the Young Foundation) to recruit, train, and mentor lay peer researchers from local communities. Five local community organisations were involved to help reach and engage the peer researchers. Those recruited typically worked around 2-3 days per week and were paid a living wage. They received training in conducting semi-structured interviews with people in their communities, and how to analyse the data to generate themes. The purpose was to understand key issues during the pandemic such as intergenerational experiences, experiences of women, and digital use/literacy, so that public health services can be tailored more effectively going forward.

The following six pages provide summaries of the themes that resulted from the realist evaluation. For a detailed breakdown of the methods used to generate these themes, please see pages 10-11.

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THEME 1. APPROPRIATE COMMUNICATION AND INFORMATION SHARING

Culturally appropriate communication ensures that everyone understands the benefits of vaccination and feels comfortable making an informed choice about getting vaccinated (or not). However, it is important to acknowledge that even with optimal communication and access to information, not all individuals will be persuaded to get vaccinated. Hence, it is the responsibility of champions to foster an environment that facilitates informed decision-making, rather than attempting to change individuals' viewpoints about vaccination.

> *Well, yeah, I do think that's important, because otherwise how would people get that information? I mean, it's quite staggering, really, because we see people who are regularly in hospitals, they're regularly in GP surgeries, but still aren't necessarily aware of how and where they can get their vaccinations from. So when they come into the centre, it's on a poster right in front of them that says, right, this week you can go to here, here and here, and you can just walk in when you're ready and get your vaccination, if you'd like to. And without that information here today, they may not be aware of it. So there's lots of instances like that where we've been out and about at events, and we've made people aware that there's lots of different options.*
>
> **COVID-19 Champion**

By establishing open and transparent lines of communication, peer researchers can better understand the needs and concerns of the community and the data that comes from interviews has the potential to tailor future services to address these issues.

A further important consideration is the way in which information is shared and communicated. Although digital communication has the ability to increase reach, it may exclude large portions of the target community groups because of issues such as digital literacy, lack of personal touch, or not having access to a tablet or laptop.

> *Well as far as I can see the vast majority of engagement required digital activity. Around about 50% or more of the service users we have are not digitally active, so none of them could have got involved. And then even within our three hundred volunteers there is a significant number still that we have to speak to on the phone or post stuff to, they don't use anything digital, and they definitely wouldn't get involved in Zoom calls or Teams calls or anything else. So again, that assumption that it's fine to only engage digitally means that you do miss out on a whole big slice of the population, they're excluded from it. That's the big one.*
>
> **COVID-19 Champion**

> *Everything these days, not only just Covid but everything now, any information you get they'll give you the web address and the web number or whatever and they don't think of the, they think everybody's got a computer. Well the majority of the people where I live haven't.*
>
> **Community Member**

THEME 2. LOCAL COMMUNITY KNOWLEDGE AND EXPERTISE

The involvement of community members throughout the champion and community participatory action research (CPAR) programmes was seen as essential to their success because they bring local knowledge and expertise that is crucial for delivering programmes that meet the unique needs of their communities.

Through collaborative working, community members were able to share their experiences and insights, which helped to shape the ongoing development of programmes. This involvement helped to ensure that the programmes were culturally appropriate and sensitive to the needs of the community.

> *And in terms of the power sharing, the whole ethos behind the programme is that there's that shared power and shared decision-making. So not only are we pushing out messages, but we're listening really actively as well, so that we can then shift and change services. So, listening about which venues work well, listening about what kind of other health needs people might want to have met at those vaccination sessions, listening around what some of the barriers might be...I think it would. I think it would help make the programme more appropriately designed to engage more people across the communities, because there'd been that codesign early in the process*
>
> **Programme Lead**
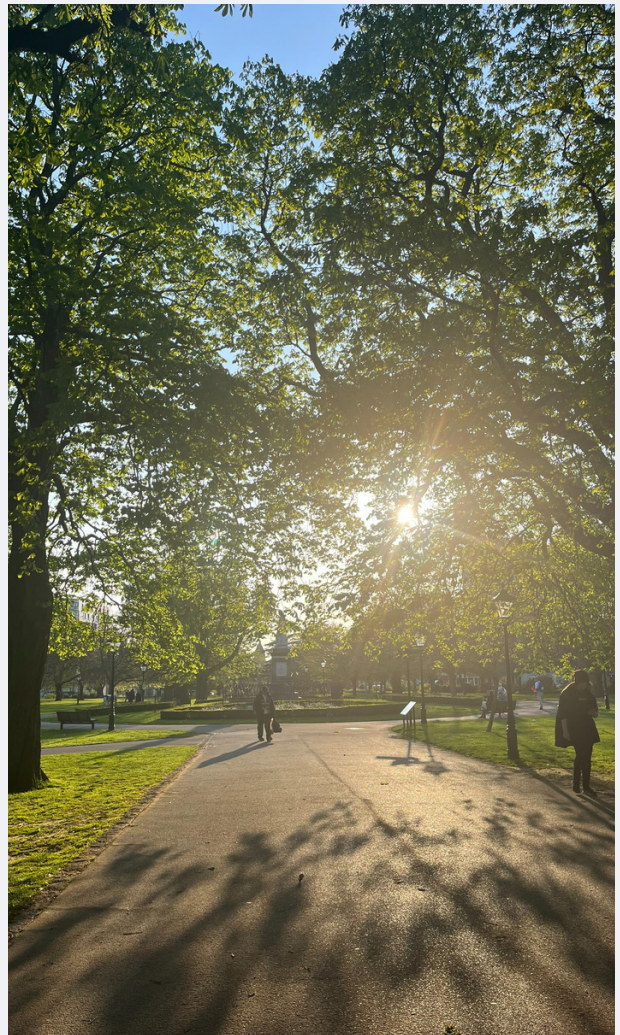
Involving community members helps to create a sense of ownership and empowerment within the community. When community members are involved in programmes, they are more likely to feel invested in their success and take an active role in their implementation.

A potential longer-term benefit, particularly from the CPAR programme, is that insights from the local expertise of the community members interviewed have the potential to improve future services and programmes, which would leave a legacy of community engagement in the city.

THEME 3. FOSTERING RELATIONSHIPS AND COLLABORATION

One way that champions and peer researchers foster relationships is by linking established organisations and well-known individuals with communities. These organisations and individuals act as intermediaries, helping to build relationships and trust, by providing insight into the needs and concerns of the community, and acting as advocates for the programme.

Champion and peer researcher programmes provide a platform for collaboration between the local authority, community organisations, voluntary services and community members. This collaboration has the potential to lead to better understanding of the needs of the community and the creation of more effective services.

> *The notion of handing power back to communities is one that really resonates with our mission, as a kind of anchor organisation within the voluntary sector. And I think what we've done is the public health team, the Young Foundation and ourselves, we've created a real synergy there by all bringing our own organisational strengths to the programme. Along with, of course, the five supporting organisations and the peer researchers. So, I think it's a good demonstration of how together you can do things a lot better.*

Voluntary Services

The idea of reciprocal working between different stakeholders is important because it recognises that sustainable change cannot be achieved through a top-down approach. However, there is a danger that this relationship building will be wasted if community members and organisations that have invested time and effort do not see any actions as a result of the collaboration (i.e., no change to services).

> *I think my biggest point that I want to stress, is what I was saying at the beginning about just the lack of feeling. It feels like the research has been quite inconsequential, because we haven't seen anything being done about it. I haven't received any feedback on what I've done, and so it's hard to pass that back down to the community as well. So, I don't want it to be for nothing, and I'm sure that no one else in the project does, but that's what it feels like has happened, at the moment. So, potentially, some more work needs to be done there.*

Peer Researcher

THEME 4. COMMUNITY REPRESENTATION AND LEADERSHIP

Community representation and leadership in champion and peer researcher programmes can help to build trust and credibility, as these individuals and organisations are able to communicate with community members in a way that is respectful and culturally appropriate, which can help to overcome barriers to access and uptake of the programmes.

I mean because people relate to people that they think are like them don't they? We all do that naturally, whether we recognise it or not, we do. We're drawn to people with whom we feel relaxed I guess because they're most similar to us and that might be for a whole variety of different things. It might be age, it might be geographical situation, it might be economic variants, it might be, you know, ethnicity, faith, all those things that make us feel comfortable and confident with particular people.

Vaccine Champion

But because I was travelling and then when I went to the mosque they did say it's good and you should get it done and, you know, everyone needs to get it done and they did give good advice, and then I just feel more confident about getting it done.

Community Member

Community leaders and representatives can provide insight into the specific challenges and concerns of the community, which can help to shape the development and implementation of the current, and future programmes. Community representation and leadership were critical for ensuring that the champion and peer researcher programme goals aligned with the needs and values of the community. There were also instances in which community leaders and representatives served as role models, helping to build trust and promote vaccination uptake in the community.

I had my jab in front of them, and that was a good example. So, one of them, and no one was going up, so I went first and just did it because, for me, it's safe, it's good, and no one's trying to do anything . . . I believe it's right. So, when people trust you, some of them will come forward, and others will still be reserved and may not. But I think it's important for those champion leaders to be there, but in order to do that, you would have to have built up trust over years and years of that community. So, 14 years of running a breakfast and homeless, they trust you, they love you, so they know, and that's the way that you can, not entice them, and I wasn't saying they had to have it, or didn't have to have it, it's their choice, but it was safe to do it. And they know I'm not trying - there's nothing in it for me.

Vaccine Champion

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THEME 5. PROVISION OF TRAINING AND RESOURCES

Providing adequate resources and training (where appropriate), helps to ensure that champions and peer researchers have the capacity, skills, and knowledge necessary to effectively communicate with community members and build relationships based on trust and mutual respect. Resources can also include services that are suitable for champions to signpost to, which are accessible in terms of things such as language or disability.

> *If there's not [appropriate service] , if they're championing something but there isn't the resources to deal with it, yeah, that's a fair comment, yeah.*
>
> **Community member**

Providing adequate resources and training (where appropriate) helps to create a sense of ownership and empowerment amongst the community members involved, which makes them more likely to take an active role in the programmes and to feel invested in their success.

> *So it's really important that it has a solid foundation and that the peer researchers fully understand what their role is, that they're involved in it, because part of it is coming from them themselves. And they're interested in those communities because they're part of it, that it's safe for them and for the participants. And that the findings that are coming out of it are seen as valid and rigorous, otherwise it's just... It's not CPAR, it's something else.*
>
> **Programme Lead**

An appropriate level of training and ongoing support is particularly important in peer researcher approaches so that research is conducted in a safe, ethical, and confidential manner. This ensures professional conduct, but also maximises the likelihood that community members will feel open to sharing their thoughts and feelings about the interview topic/s.

For the Community Participatory Action Research (CPAR) programme, the timeline was seen as very tight by the stakeholders involved (i.e., the programme lead, and community organisations and researchers). The need for this type of approach to be resourced over a longer period for more sustained community engagement is an important learning point going forward.

> *I think that this project that we worked on took place over a very short period of time. The training itself took four weeks, and then there were about three weeks left for community engagement. Unfortunately, the researchers were not encouraged to start contacting possible participants at the beginning of the project. So, this is something that I stressed that we should be doing - again, it didn't happen. So, we lost four weeks, and then we had three weeks to, frankly, scramble because we know it takes time for people. So, giving an adequate time to the project is essential. It took more time for the training and the wrapping up of the results, than it took for the actual community engagement and the research period. So, one third was actually searching the community, and two-thirds was training plus wrapping up, so disproportionate.*
>
> **Community Organisation**

THEME 6. BUILDING TRUST THROUGH COMMUNITY CONNECTIONS

To increase levels of trust in these programmes, champions and Community Participatory Action Research (CPAR) researchers should be embedded within existing community groups with which the programmes want to engage. By partnering with established community organisations, these programmes can leverage the trust that these organisations have already built with their members.

> *Well, the first thing is really trust, isn't it? Because we have to trust each other to share the messages. So, the most problems with COVID would be overcome, I think a lot, not most, if we had that, because some communities, as we saw from CPAR research, when people go for information online, then problems start. So, it's sending them clear scientific data, and make sure that there is that trust. Obviously, you can't just barge into a community and say trust me because I look good. So, you need that relationship which is built, and basically this is how Vaccine Champions really were created. This was part of it, like, how to engage with those communities, because they don't know us, they don't know the council. If anything, probably we're on the wrong side for them to understand us. So that's how these links with community organisations that are present in those communities, started creating.* **Programme Lead**

> *The stress that can come from going elsewhere or travelling elsewhere or not being in a place that feels safe to you, you're not going to trust what anyone says because you already feel like you're out of your comfort zone and you've got no power. So, enabling people to be sort of here, for example, or even in schools, so parents can come to a school and hear things about the vaccines for their children, they'll feel more able to trust.*
>
> **Community Member**

Members of the community are more likely to trust and engage with a programme when it is led by someone they know and respect, or an organisation that has a history of serving the community.
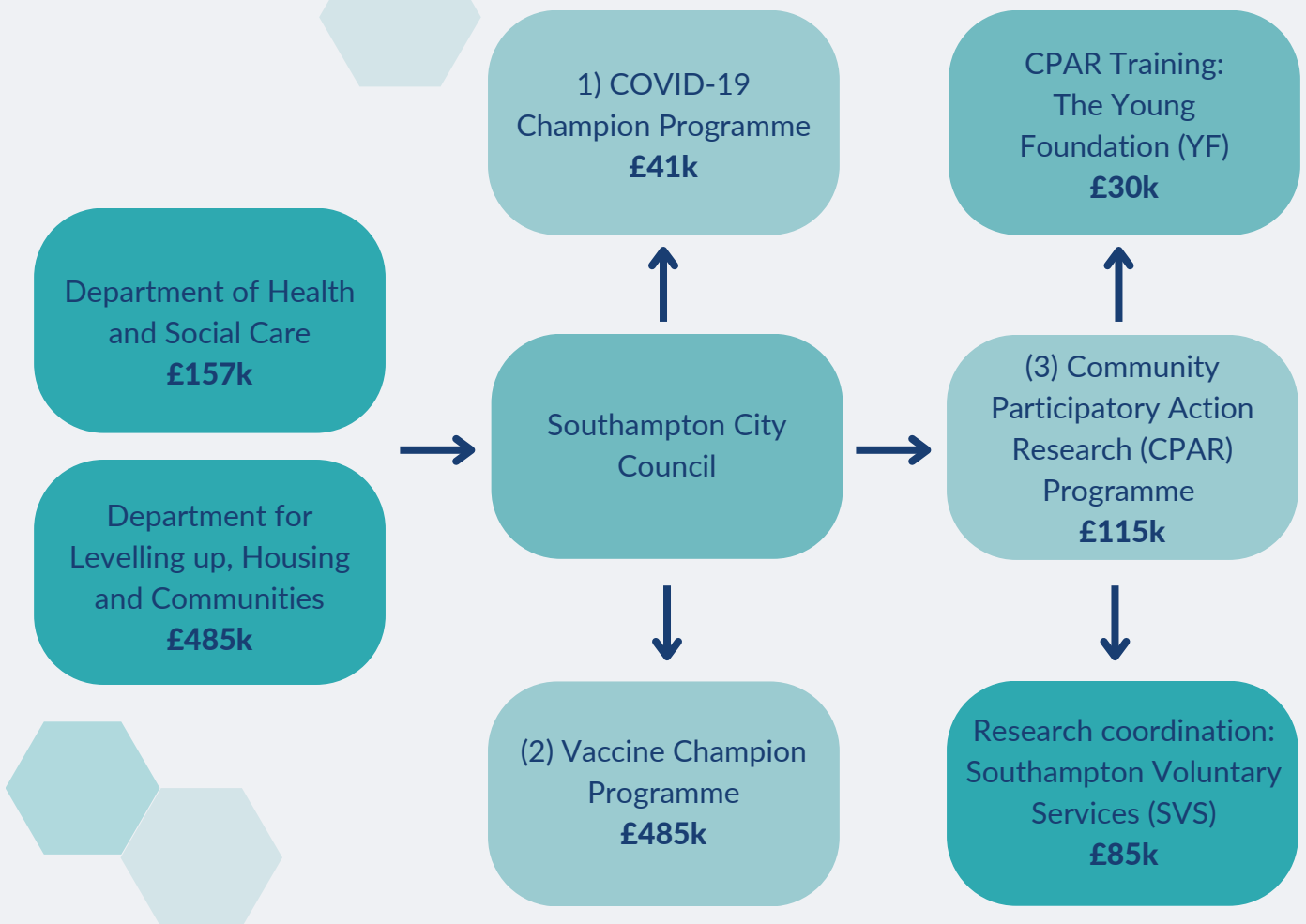
Increased trust was also highlighted in relation to champions and peer researchers being invested in the importance of the programmes and/or having personal experience of the health and wellbeing experiences or wider circumstances of the target community members.

Trust and credibility can be built with community members, who may more likely listen to someone who has shared experiences or can relate to their struggles. If champions and peer researchers are not already well known in their communities then they would have to spend time attending and embedding into community groups for community members to feel safe and be more receptive.

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BUDGET, STAFFING, & REACH

Southampton City Council used £157K from the Department of Health and Social Care's award of the 'Contain Outbreak Management Fund' (2020-21 and 2021-22) and the Department for Levelling up, Housing and Communities award of £485K 'Community Vaccine Champions Scheme' funding (2022) to deliver the three community approaches.

Department of Health and Social Care
£157k

Department for Levelling up, Housing and Communities
£485k

Southampton City Council

1) COVID-19 Champion Programme
£41k

(2) Vaccine Champion Programme
£485k

(3) Community Participatory Action Research (CPAR) Programme
£115k

CPAR Training: The Young Foundation (YF)
£30k

Research coordination: Southampton Voluntary Services (SVS)
£85k

(**1) COVID-19 Champions:**
- The entire budget was used for the champion officer's salary
- >300 champions participated
- All Champions volunteered
- It was noted that older white females were heavily overrepresented

(**2) Vaccine Champion Programme:**
- 12 staff members supported programme delivery and grant allocation
- £226k distributed to 23 local organisations
- Average grant awarded £9.8k, ranging from £300 to £53k

(**3) CPAR Programme:**
- SVS managed programme
- £30k was paid to YF for training and mentoring
- Est. 10 weeks to recruit and train researchers
- 15 researchers employed, each delivering 5-6 interviews and analysis, were funded by £85K

CONCLUSIONS

Champions programmes

- Community involvement and ownership of champion programmes is essential to reach the intended community members.
- Involving trusted community leaders and organisations, that have served the community, is the best approach.
- Some volunteering and enthusiasm for engagement may have been driven by the unique pandemic context, and so future programmes may encounter additional challenges to recruitment.
- Although digital information sharing can increase reach, it is likely that large portions of the intended groups will be excluded if this is the only delivery medium.
- The Vaccine Champion programme cost around 12x the resource of the COVID-19 programme, but anecdotal evidence from the interviews suggested greater reach and outcomes achieved.

CPAR Programme

- If further community research is planned, it would be important to allow more time for engagement with and recruitment of community members.
- CPAR approaches work best over a longer period, allowing ongoing engagement with the community, building research capacity, and exploring a range of issues.
- There is real danger that if community members (and organisations) do not see any actions taken, it will negatively affect future relationships and trust.
- The accredited qualification offered by the Young Foundation was highly valued by the peer researchers that opted to complete this training.

METHODOLOGY

The realist evaluation methodology aims to understand how and why these programmes work in specific contexts. Realist evaluation provides a framework for understanding the complexities of these programmes. It goes beyond simply measuring outcomes to uncover the underlying processes that drive change. The key tenets of the realist evaluation methodology are: 1) contexts, 2) mechanisms, and 3) outcomes:

C Contexts refer to the factors and conditions that influence how a programme operates. These can include things like culture, relationships, resources, and support systems in a specific setting. For example, in a vaccine champion programme, these can include the local healthcare infrastructure, community beliefs and attitudes towards vaccines, accessibility to healthcare services, and government policies. By considering these contextual factors, we can better understand when a programme is likely to be effective or not.

M Mechanisms are the processes or pathways that bring about change. They explain why and how programmes produce their effects. For example, mechanisms in a vaccine champion programme could involve increasing community awareness and knowledge about vaccines, establishing effective distribution channels, and building trust in the healthcare system.

O Outcomes are the results or effects of an intervention. They can be both intended and unintended. For instance, the intended outcome of a vaccine champion programme can include reduction in the incidence of vaccine-preventable diseases and improved overall public health. Realist evaluation helps us understand how different mechanisms interact with specific contexts to produce these outcomes.

Realist evaluation recognises that contexts, mechanisms, and outcomes are interconnected. By understanding how mechanisms operate in different contexts, we can identify what works, for whom, and under what circumstances. This knowledge helps inform the design and implementation of effective programmes.

METHODOLOGY continued...

The realist evaluation approach taken for this project involved three phases that helped in understanding the programmes. These phases can provide valuable insights into how the programmes operate and why they might produce certain outcomes.

1 Theory development: In this phase, focus was placed on developing initial programme theories which explained how the COVID-19 Champions, Vaccine Champions, and Community Participatory Action Research (CPAR) programmes were expected to work. In the development of these theories, programme documents were reviewed, and input was sought from stakeholders such as programme leads through informal discussions.

2 Data collection and analysis: In the second phase, data was collected to examine whether the initial theories held true and explored how the programmes operated in practice. To gather relevant information about the programmes, a total of 29 interviews were conducted with programme leads (n=6); COVID-19 Champions (n=5); Vaccine Champions (n=3); CPAR researchers (n=4); CPAR organisations (n=2); as well as members of the public who participated in these programmes (n=9). In addition, one focus group with a further 8 members of the public was completed. These interviews and focus group provided first-hand insights into the experiences, perceptions, and observed or perceived outcomes related to the programmes.

3 Theory Refinement: In the final phase, the initial programme theories were refined based on the findings from the data collection and analysis. The insights gained from interviews helped identify patterns and mechanisms that contributed to the programmes' outcomes. The researchers were able to revise and refine the understanding of how the programmes worked and what factors influenced its success or failure.

During phase 3, additional or modified mechanisms may be identified that were not initially considered. Similarly, contextual factors that were influential in shaping the outcomes of the programmes may also be recognised. This process of theory refinement ensures that the evaluation findings are grounded in real-world evidence and provide a more accurate understanding of what works and why in specific contexts.
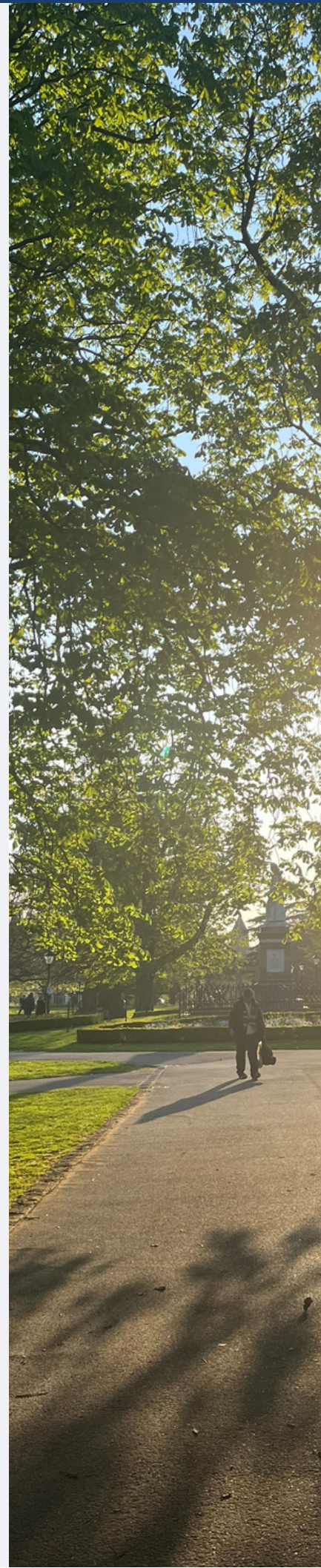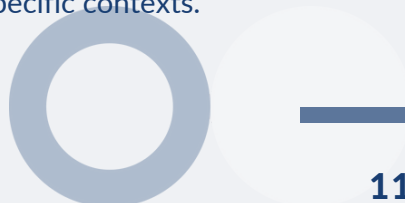
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